



## EMERGENCY PERMIT RENEWAL VERIFICATION FORM (CL-469 CLAD-BCLAD)

### CROSSCULTURAL, LANGUAGE AND ACADEMIC DEVELOPMENT (CLAD) PERMIT BILINGUAL, CROSSCULTURAL, LANGUAGE AND ACADEMIC DEVELOPMENT (BCLAD) PERMIT

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To renew an Emergency CLAD or BCLAD Permit, permit holders and their employers must meet the requirements for renewal as specified in Commission leaflet [CL-5330 CLAD-BCLAD](#) and submit a completed application ([form 41-REN](#)), current fees, and completed *CL-469 CLAD-BCLAD* form to the Commission office through a California employing agency. Applicants may not apply directly to the Commission for this permit. The employing agency must have an annual Declaration of Need for Fully Qualified Educators ([form CL-500](#)) on file with the Commission.

Applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### SECTION 1 - Verification of Orientation, Guidance and Assistance

(This section must be completed by the employing agency with each renewal)

#### First Renewal

I certify that the above-named individual, while serving on the emergency permit for the first time, was provided with orientation specific to the authorization on the permit, including an overview of curriculum, classroom instruction, and effective techniques of classroom management at the assigned level and was assigned an experienced educator to guide and assist.

#### Each Subsequent Renewal

\_\_\_\_\_ was assigned to guide and assist this emergency permit holder.  
*Name of Experienced Educator*

#### Employing Agency Signature

_____	_____	_____
<i>Name of Authorized Signer</i>	<i>Title</i>	<i>Employing Agency</i>
_____	_____	_____
<i>Signature</i>	<i>Date</i>	<i>County of Employment</i>

## SECTION 2 - Verification of Completion of Course Work or Exam and IHE Evaluation

*Instructions:* This section must be completed with every renewal. If the applicant is earning the CLAD Certificate or BCLAD authorization by course work/approved program, this section must be completed by the authorized person in the credentials department at the college or university. If the applicant is taking examinations to earn the CLAD Certificate or BCLAD authorization, this section must be completed either the applicant or the employing agency.

Check the box(es) that apply, sign this form, and *return it to the applicant*. Verification of the credential program evaluation and unit requirements for the credential program must be completed by the person designated by the dean or head of the education department to sign recommendations for credential purposes.

### First Renewal

*Check One:*

Yes      No

An evaluation has been completed by this institution identifying requirements this applicant must complete to be eligible for the CLAD Certificate or BCLAD authorization

*Select One:*

Applicant is taking examinations to earn the CLAD Certificate or BCLAD authorization  
The applicant has taken the appropriate sections of the CTEL, BCLAD or CSET: LOTE exam(s) but did not pass

Applicant is completing course work to earn the CLAD Certificate or BCLAD authorization  
The applicant has completed six semester units (or 9 quarter units) of CLAD or BCLAD course work in a Commission-approved program

Applicant is completing a combination of course work and exams to earn the BCLAD authorization

### Each Subsequent Renewal (*select one*)

Applicant is taking examinations to earn the CLAD Certificate or BCLAD authorization  
The applicant has taken the appropriate sections of the CTEL, BCLAD or CSET: LOTE exam(s) but did not pass

Applicant is completing course work to earn the CLAD or BCLAD Certificate  
The applicant has completed six semester units (or 9 quarter units) of CLAD or BCLAD course work in a Commission-approved program

Applicant is completing a combination of course work and exams to earn the BCLAD authorization

**Authorized Signature** (To be completed by the institution of higher education if the applicant is earning the CLAD Certificate via course work or combination of course work and exam and by the employing agency if earning the certificate via exam only.)

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*Name of Authorized Signer*

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*Title*

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*IHE/Employing Agency*

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*Authorized Signature*

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*Date*